

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION

STATE OF NEW HAMPSHIRE

DIVISION OF HEALTH PROFESSIONS

Board of Medicine

121 South Fruit Street, Suite 301

Concord, N.H. 03301-2412

Telephone 603-271-1203 · Fax 603-271-6702

PETER DANLES
Executive Director

JOSEPH G. SHOEMAKER
Division Director



**PLEASE COMPLETE THIS FORM IF YOU HAVE A NEW, ADDITIONAL
OR CHANGE IN SUPERVISOR OR ALTERNATE SUPERVISOR**

☐ NEW

☐ ADDITIONAL

☐ CHANGE

In accordance with RSA 328-D and regulations issued thereunder, I certify that

_____, P.A. assists me professionally and that I
assume responsibility for supervision of his/her professional activities.

RSP Signature

ARSP Signature

(Print or type name)

(Print or type name)

(Business Name)

(Business Name)

(Professional Address)

Professional Address)

(NH License Number)

(NH License Number)

(Effective Date of Supervision)

(Effective Date of Supervision)